



Practitioner's Docket No. 46,910-DIV2-CPA (46590)

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PATENT
TECH CENTER 1600/2900

In re application of: Y. Hayashi, et al.

Application No.: 09/499,765

Group No.: 1644

Filed: 02/09/2000

Examiner: Nolan, P.

For: COMPOSITION CONTAINING α -FODRIN OR α -FODRIN FRAGMENT PROTEIN

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$890.00

CERTIFICATE OF MAILING/TRANSMISSION(37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: July 25, 2001

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office,

Signature


Donna M. Tomaso
(type or print name of person certifying)



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4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)			OTHER THAN A SMALL ENTITY	
Claims		Highest No.						
Remaining		Previously		Present				
After		Paid For		Extra				
Amendment				Rate			Addit.	Fee
Total	7	Minus	20	=0	x \$0. =	\$0		
Indep.	1	Minus	3	=	x \$0. =	\$0		
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0		
					Total	\$0.00		
					Addit. Fee	\$0.00		

- * If the entry in Col. 1 is less than the entry in Col. 2, write AO in Col. 3,
- ** If the AHighest No. Previously Paid For in THIS SPACE (Column 2, Row 1) is less than 20, enter A20.
- *** If the AHighest No. Previously Paid For in THIS SPACE (Column 2, Row 2) is less than 3, enter A3.

The AHighest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$890.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

Date: July 25, 2001


SIGNATURE OF PRACTITIONER
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